

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

6572

STATE FILE NUMBER 63-025812

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUL 5 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Missouri-Baptist Hosp.

Length of stay in 1b

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN University City

d. STREET ADDRESS (If outside, give location)
7110 Stanford Avenue

Inside Limits
Yes ☐ No ☐

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

MAYME

M.

DIENSTBACH

4. DATE OF DEATH

Month

Day

Year

June 21 1963

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☒
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2-5-1881

9. AGE (last birthday)

82

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
at home

10b. KIND OF BUSINESS OR INDUSTRY
house wife

11. BIRTHPLACE (City and state or country)
St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Richard Travers

13b. MOTHER'S MAIDEN NAME

Lillian Daniels

14. NAME OF HUSBAND OR WIFE

William Dienstbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Marian Dienstbach, 7110 Stanford

18. CAUSE OF DEATH (Enter only one cause per death)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Cardiovascular failure
Hypertension
Pneumonia
Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
260x

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred May 6 1963 to June 21 1963

and last saw her alive on June 21 1963

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

5074

Valley St. Louis 15

22c. DATE SIGNED

6-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
removal

23b. DATE

6-24-1963

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Lupton Chapel, Inc. - 7233 Delmar

25. DATE RECD. BY LOCAL REG.

6-24-63

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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Dr. Carlo Rao
5074 Union Blv'd.
EV 5-1030

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Arnold W. Schoene

Licensed Embalmer No.

3864

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.